



2017 Study of the United States Institutes (SUSI) Scholar Application Form

A. Title of Institute

- ☐ American Politics and Political Thought ☐ U.S. Culture and Society
☐ Contemporary American Literature ☐ U.S. Foreign Policy
☐ Journalism and Media
☐ Religious Pluralism in the United States

B. Nominee's Full Name, exactly as it appears on passport

Prefix: Dr., Miss, Mr., Mrs., Ms., Prof.

Last Name:

First Name:

Middle Name:

C. Gender

- ☐ Male
☐ Female

D. Date of Birth (Type mm/dd/yyyy)

E. Birth City

F. Birth Country

G. Country of Citizenship

Primary:

Secondary (if applicable):

H. Country of Residency

I. Medical, Physical, Dietary, or other Personal Considerations (select):

Disability:

- ☐ Blind & Visual Impairments
☐ Deaf & Hearing Impairments
☐ Learning Disabilities

- ☐ New Disabilities Description
- ☐ Physical Disabilities
- ☐ Psychiatric Disabilities
- ☐ Systemic Disabilities

Please describe any pre-existing medical conditions, including any prescription medication the candidate may be taking, or any other dietary or personal consideration.

This will not affect candidate selection, but will enable the host institution to make any necessary accommodations.

J. Candidate Contact Information

Address:

City:

Home Province:

Postal Code:

Home Country:

Email:

*If you do not have an active email address, please create one prior to submitting your application and indicate it here.

Phone:

Emergency Contact Phone:

Emergency Contact Name and Relationship:

Emergency Contact Email:

K. Current Position, Title, Institution

Primary Position:

- ☐ Senior University Official (President, Provost), Government Minister, Senior Executive, etc.
- ☐ University Dean, Government Chair, Director, Editor, Officer, etc.
- ☐ Senior Professor, Department Chair, Director, Editor, Officer, etc.
- ☐ Associate Professor, Senior Researcher/Think-Tank Fellow, Senior Staff, etc.
- ☐ Assistant Professor, Assistant Editor, Coordinator, mid-level Staff Researcher/Think-Tank fellow, etc.
- ☐ Lecturer, Teacher, Consultant
- ☐ Teaching Assistant, instructor
- ☐ Other

Title:

Organization Name:

Organization Country:

L. Work Experience, including previous positions and titles

From	To	Title/Institution (Please specify if position is part-time)

M. Education, Academic and Professional Training:

Please list all earned degrees and any and all current teacher qualifications you have such as certificates, licensures beginning with the most recent. Degrees and teacher qualifications listed should reflect the closest United States equivalent.

Degree Earned	Year Earned	Specialization/Institution/Teacher Qualification Expiration Date
<input type="checkbox"/> Ph.D./J.D. <input type="checkbox"/> Doctoral Candidate/ABD/Post-Graduation <input type="checkbox"/> M.A. /M.S. <input type="checkbox"/> B.A. /B.S. <input type="checkbox"/> Associates/2-year Degree		

Additional Professional Training:

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N. Active Professional Memberships:

Active Professional Memberships Independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment.

Position	Title	Organization
<input type="checkbox"/> President/Board chairperson/Director <input type="checkbox"/> Board Member <input type="checkbox"/> Editorial Staff/Officer <input type="checkbox"/> Contributing Member <input type="checkbox"/> Member		

O. Publications Related to the Institute Theme (up to 10)

Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Publication Type	Year	Title Publisher
<input type="checkbox"/> Book <input type="checkbox"/> Edited Volume (Primary/Co-Editor) <input type="checkbox"/> Book Chapter <input type="checkbox"/> Journal Article <input type="checkbox"/> Newspaper/Online Article <input type="checkbox"/> Conference/University/Gov't P		

*Add Professional Publication

P. Previous Experience in the United States

Purpose	From	To	Description
<input type="checkbox"/> Earned Ph.D. <input type="checkbox"/> Earned M.A/M.S./ <input type="checkbox"/> Earned B.A/B.S. <input type="checkbox"/> Other USG Grant/Visiting P <input type="checkbox"/> Non-degree study in U.S. <input type="checkbox"/> English Language Training <input type="checkbox"/> Short-term Travel (Conference)			

*Add Prior U.S. Experience

Q. Family/Friends Residing in the United States

*Please include city and state (Example: John Doe – Chicago, IL)

R. Evidence of English Fluency

S. Professional Responsibilities

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. Curriculum design), and/or other pertinent information.

Current Courses Taught:

Course Title	Level of Students		Classroom Hours Per Semester	# Students	U.S. Studies Content (%)
	<input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters	<input type="checkbox"/> Undergraduate <input type="checkbox"/> High School			
	<input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters	<input type="checkbox"/> Undergraduate <input type="checkbox"/> High School			

Current Student Advising:

Advising is not the same as teaching. We are looking for the number of students, their level, and hours the nominee spends providing assistance in helping students clarifying personal and career goals, and evaluating progress towards those goals. This section can also include those that supervise PhD and graduate students.

Activity	Position	Level of Students		Hours of Advising Per Student Per Year
		<input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters	<input type="checkbox"/> Undergraduate <input type="checkbox"/> High School	
		<input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters	<input type="checkbox"/> Undergraduate <input type="checkbox"/> High School	
		<input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters	<input type="checkbox"/> Undergraduate <input type="checkbox"/> High School	

Other Potential Outcomes:

Please select any likely potential professional outcomes of this program.

- | | |
|---|--|
| <input type="checkbox"/> Update Existing Course | <input type="checkbox"/> Professional Promotion |
| <input type="checkbox"/> University Curriculum Redesign | <input type="checkbox"/> New Institutional Linkages |
| <input type="checkbox"/> New Publication | <input type="checkbox"/> Create New Degree Program |
| <input type="checkbox"/> New Professional Organization | <input type="checkbox"/> New Research Project |
| <input type="checkbox"/> Create New Course | <input type="checkbox"/> Government or Ministry Policy |
| <input type="checkbox"/> National Curriculum Redesign | <input type="checkbox"/> Raise Institutional Profile |

T. Personal Essay (Limit 250 words)

Please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, in education about the United States in your community, and help you achieve the “Other Potential Outcomes” you have checked above.

Please return completed form to MaputoExchangePrograms@state.gov by **Friday, January 13, 2017**